

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	26 April 2016
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

84. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda. None were declared.

85. Minutes

Resolved: That the minutes of meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 23 March 2016 were approved and then signed as a correct record by the Chair.

86. Public Participation

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme. Both spoke in relation to Agenda Item 6 (Hull Road Surgery Plans).

Laurie Pye was a current patient at Unity Health's Hull Road Surgery. He commented how many older people lived alone and that the GP surgery gave them a steady presence in their life. They had felt traded off for younger patients due to the move to land adjacent to the University campus. He pointed out that there was only one crossing on Hull Road near the surgery. He felt that the older patients would either have to hire a taxi to get to the new premises or have to depend on children or partners. He asked if there was the possibility for the CCG to maintain a medical facility at the Hull Road surgery.

Councillor Warters spoke as the Ward Member. He felt that the Vale of York Clinical Commissioning Group (CCG) and Unity Health did not wish to retain a surgery on the Hull Road site.

He asked what role the University had taken in the decision to move the practice. He wished for the decision to be referred back to the CCG and a contribution to be made from the University of York to the new facility and to the old surgery on Hull Road to maintain it for those patients who currently used it.

87. Update on York Wheelchair Services

Members received an update report on wheelchair services in the city. Robin Hull, General Manager and Samantha Lambert, Interim Wheelchair Lead from Harrogate and District NHS Foundation Trust presented the report.

They gave a short background to the report and informed the Committee that the wheelchair service was being tendered as a North Yorkshire wide service and pre qualifying questions had recently been submitted. The invitation to tender was due out next month. Discussion regarding Key Performance Indicators (KPIs) included a draft specification with longer hours and better access for service users.

During questions it was noted that a wheelchair user as a child would be a user for life and would need specialist seating to reflect their transition and growth into adulthood. In addition, the ownership of wheelchairs and the ability to buy equipment from the Trust was also discussed. It was noted this would mean that the purchaser would have to pay for maintenance of the equipment. Some Members asked about the ownership status of equipment in particular the tendering arrangements. It was noted that the Trust as the current provider owned the equipment.

Some Members suggested that they recommend to the CCG that the collection of equipment from users be included within one of the KPIs for the service.

Resolved: (i) That the report be noted.

- (ii) That the Committee suggest to the Vale of York Clinical Commissioning Group that the collection of equipment from users be included within the Key Performance Indicators (KPIs) for the wheelchair service.

Reason: So that the Committee are kept informed and so that delivery of key performance measures are demonstrated.

88. Update on the Older Persons' Accommodation Programme

Members received a report which provided them with an update on progress made towards delivering the Older Persons' Accommodation Programme.

Discussion took place on the impact of changes to housing benefit legislation in regards to the Older Persons Accommodation Programme. Officers reported that the possible changes would not have an affect on the funding for the Burnholme Health and Wellbeing Hub as this care is funded via social services, health or residents own funds and is not housing benefit eligible.

In regards to whether changes to Local Housing Allowance rates would affect low income residents detrimentally in homes such as Auden House, meaning that some would not be able to pay their tenancies, it was confirmed that this is a concern and will be kept under review.

It was also reported that the proposals for Haxby Hall were to look at a range of options before a decision on its future is made by Executive. Haxby Hall will be the last home to be considered for closure with a dependency linked to the Burnholme redevelopment.

Resolved: (i) That the update to deliver the Older Persons' Accomodation Programme be noted.

(ii) That regular updates are presented to future meetings.

Reason: So that Members are kept aware of progress towards delivery of the Older Persons' Accommodation Programme.

89. Hull Road Surgery Plans

Members received a report which presented information on plans by Unity Health to relocate services from Hull Road surgery in York.

Dr John Lethem and Louise Johnston, Managing Partner, from Unity Health gave a brief introduction to Members about the consultation that they had undertaken in respect of the relocation plans. They informed the Committee that many of Unity Health's current patients were from Osbaldwick but went to practices at Wenlock Terrace and the University to access other services. It was confirmed that the University had not been involved in the decision to move the services from Hull Road, and they were not expected to fund any of the healthcare costs.

Members were told that Unity Health were aware that some patients wanted to walk to the new premises but they realised that it was around a mile from the current surgery. They added that they were aware that the bus link from the Hull Road surgery to the new premises at Heslington East did not cover some of the same streets on the return journey.

It was noted that there were traffic lights near the Hull Road surgery and the nearest pharmacy was across the road. It was commented, that the partners themselves had not earmarked a pharmacy to be attached to their practice, developers had.

Some Members raised concerns that the proposals were detrimental to some residents, in regards to safety and access for residents crossing from the Osbaldwick side of Hull Road. Officers advised that in making the decision the CCG had to keep in mind the needs of all of the population. In addition, there was a need for GPs practices to offer a wider range of services, and the current building was restrictive. They suggested that it would be advantageous for Unity Health to work with the Council's Planning and Transport Departments to come up with a solution in regards to the pedestrian crossing and other issues that had identified. Some Members added that the bus operators could also be approached in regards to a change of routing.

Resolved: (i) That discussions between Council Officers and Unity Health Care be undertaken in respect of pedestrian access issues from the Osbaldwick side of Hull Road.

(ii) That First York be approached in respect of a possible alteration to the return journey route between the York Campus surgery and Hull Road surgery.

Reason: So that Members can satisfy themselves that no Hull Road Surgery patients are being disadvantaged.

90. Residential, Nursing and Homecare Services- Quality Standards

Members received a report which provided details of the performance of York based providers against Care Quality Commission (CQC) standards and the Adult Commissioning Team's Quality Assessment Framework.

It was noted that although one nursing home had received an inadequate rating from the CQC in January, the manager had been replaced and there was a mutual agreement in place for no new admissions. It was expected that one more home would get an inadequate rating from the CQC, Holgate House, which was in the stages of being taken over by a new provider. Members were also told that the standards of providers were not just judged on inspections from the Adult Commissioning Team or the CQC but also from the work of Healthwatch York and from comments from service users themselves.

In general it was noticed that the quality of leadership was one of the biggest issues in the city and there was a summit due to be held around recruitment and retention within residential care.

Some Members asked about the affordability of access to certain types of care, for example dementia and if there was a "squeezed middle" in Adult Social Care. Others asked if the Council was confident that safeguard were in place to avoid a situation like the ones that happened at Bootham Park Hospital.

Officers responded that it was a varied market and it was their job to manage the market to this but they had found no direct correlation between cost and safety. In response to the question about avoiding a Bootham type situation happening, new legislation was now in place around provider failure to avoid provider financial failure and there was enough reassurance. In addition, the Council's own Older People's Accommodation was not located in older buildings. Therefore they were confident to continue to invest in them.

Resolved: That the performance and standards of provision across care services in York be noted.

Reason: To update Members on the performance of York based care providers.

91. CCG Sustainability and Transformation Plan

Members considered an overview on Sustainable Transformation Plans (STP) and the current planning arrangements for Clinical Commissioning Groups (CCG), in particular the Vale of York CCG.

The Committee were informed that STPs were a mechanism to drive the NHS Five Year Forward View across the Vale of York CCGs area. The STP combined Coast, Humber and Vale and involved; Scarborough and Ryedale CCG, North Lincolnshire CCG, North East Lincolnshire CCG, East Riding CCG, Hull CCG and Vale of York CCG. It was noted although the geography was incongruous, some services already were undertaken across geographic boundaries such as NHS 111 and the Yorkshire Ambulance Service. It was noted that the governance of the STP was under consultation and would be headed by a Joint Collaborative Committee.

Questions and comments from Members related to how the STP would impact on York in relation to funding, how the STP seemed very medically oriented, its governance and what were the risks and opportunities.

Members were informed that as there was a central pot of funding in the STP, all CCGs would bid for the money.

It was incumbent upon the authors of the STP to take into account the broader view and look at the system overall, that healthcare was not just about emergency admissions but about mental health and also issues that were not apparent five years ago.

In response to one Member's query about governance and whether it was possible for one CCG to take a lead on an issue and extend collaboration, it was confirmed this had been done at a Systems Resilience Group level in some schemes. Scarborough and Ryedale CCG had undertaken a project that had impacted on other CCGs as had Vale of York.

It was reported that the biggest risk was that CCGs did not agree mainly due to the lack of common relationship, but that conversely there were opportunities to deal with this variation.

Resolved: That the report be noted.

Reason: To keep the Committee informed of current planning arrangements for Sustainable Transformation Plans in the Vale of York Clinical Commissioning area.

92. Better Care Fund

Members considered a report which updated them on the progress of the submission for the Better Care Fund (BCF) in 2016 and beyond.

It was confirmed that the submission date for the 2016/17 BCF to NHS England had been extended to the 15 May and there were still sticking points around finances with the CCG and the Council budget and the size of the BCF. The BCF had to be formulated without a surplus as the previous plan had not delivered in terms of efficiencies as promised. An Integration and Transformation Board had been established to look at the finances for the BCF and other schemes outside of the BCF, how to use the BCF differently and what were the breakthrough projects. This gave a medium term strategy for transformation outside of the BCF but it was felt nationally that wholesale transformation was needed in York.

Reference was made to discussion at the Health and Wellbeing Board in regards to a number of projects and schemes committed to in the BCF such as prevention of hospital admissions, prevention of Delayed Transfers of Care, the promotion of integrated working, early intervention, protection of adult social care it was reported that these services could not be easily closed down without having an immediate effect on the hospital. In addition these services were also contracted and provided in house. The Board also commented that the Integration and Transformation Board should include providers as well as commissioners on its membership.

It was also highlighted that the Director of Adult Social Care had made a number of representations to NHS England to widen the scope of funding in order to reduce the £2 million funding gap that York had, and there was recognition at the meeting that there was a significant risk that the CCG and Council may not agree to the plan for the BCF. Therefore it was decided that the Chair of the Health and Wellbeing Board had delegated authority on behalf of the Board and Chair of the CCG to explore arbitration to resolve the ongoing discussions between the Council and the CCG to sign off the BCF submission.

In response to a question about how the STP would relate to the BCF it was felt that partners would have to work at a local and sub regional level, if the Integration and Transformation Board intended to use these networks. However, both the Council and CCG needed to be mindful of the risk of the potential to put more in than it got out.

Resolved: That the update be noted.

Reason: So that the Committee is kept informed of developments on progress for the submission of the Better Care Fund in 2016 and beyond.

93. Work Plan 2015-16

Consideration was given to the work plan.

Resolved: That the work plan be noted and the following amendments made;

- An update on the Better Care Fund.
- An update on the financial position of all external partners in Health and Adult Social Care.
- A progress report on the Sustainable Transformation Plan.
- A report on where the system is in terms of financial strategy.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 9.18 pm].